Customer Number 2 1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL LETTER



Mail Stop PATENT APPLICATION

Commissioner for Patents P.O. Box 1450 Álexandria, VA 22313-1450

Sir:

Enclosed for filing is the utility patent application entitled:

	HAND/EYE CALIBRATION METHOD USING PROJECTIVE INVARIANT SE DESCRIPTOR OF 2-DIMENSIONAL IMAGE							
by t	y the following named inventor(s):							
			Kyoung-sig	g ROH, Young SON and Joo-y	oung KWAK			
×	Applicant(s) suggests Figure 9 for inclusion on the front page of the patent application publication and patent.					blication		
X	Applicant(s) requests that the published application include the following assignment information: SAMSUNG ELECTRONICS CO., LTD., Kyungki-do, Republic of Korea							
G	Sm	all entity sta	atus is claimed.					
Also	enc	closed are:						
DRA	AWIN	NGS:	7 sheets of	f formal drawings	sheets of informal drawings			
DEC	CLAF	RATION:	☐ will follow	🗷 executed, is enclosed	☐ unexecuted, is enclosed			
ASS	SIGN	IMENT:	is enclosed	☐ will follow				

Attorney Docket No	030681-588	
Application No.	Unassigned	

CLAIM FOR PRIORITY	is made in the declaration is hereby made as follows							
UNDER 35 U.S.	Country: Re	public of Korea	Appl. No.: 200	2-72695 F	dd-mm-yy iling Date: 21-11-02			
C. § 119 and/or	Country:		Appl. No.:		iling Date:			
365:	Country:		Appl. No.:	F	iling Date:			
	Country:		Appl. No.:	F	iling Date:			
	🔀 certified o	opy(ies) enclose	ed	certified o	copy(ies) will follow			
OTHER PAPERS:								
	☐ an Information Disclosure Statement							
	🗷 an Applic	ation Data Shee	t (ADS)					
_								
The filing fee hamendment:	as been calculated as follows 🔲 and in accordance with the enclosed preliminary							
amenument:								
				-				
			CLAIMS					
	No. of Claims		Extra Claims	Rate	Fee			
Basic Application Fe	ee (1001)				\$ 770.00			
Total Claims	16	MINUS 20 =	0	x \$18.00 (1202)				

	This application is being filed without a filing fee. Issuance of a Notice to File Missing Parts of Applica is respectfully requested.				
	Charge to Deposit Account No. 02-4800 for the fee due.				
×	A check in the amount of\$810.00 is enclosed for the fee due.				

x \$18.00 (1202) =

x \$86.00 (1201) =

Independent Claims

Total Application Fee

TOTAL APPLICATION FEE DUE

16

2

If multiple dependent claims are presented, add \$290.00 (1203)

Small Entity Status claimed - subtract 50% of Total Application Fee

MINUS 20 =

Add Assignment Recording Fee of \$40.00 (8021) if Assignment document is enclosed.

MINUS 3 =

\$ 0.00

\$ 0.00

\$ 770.00

\$ 0.00

\$ 40.00

\$ 810.00

Attorney Docket No.

030681-588

Application No. Unassigned

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Please address all correspondence concerning this application to:

Burns, Doane, Swecker & Mathis, L.L.P. Customer Number **2 1 8 3 9** P.O. Box 1404 Alexandria, Virginia 22313-1404

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Filed: November 14, 2003

Ву (

Charles F. Wieland III Registration No. 33,096